

Purpose

This policy aims to clearly define:

- The risk of snakes in the Bush Kinder space
- Procedures for preventing snake bite
- The appropriate medical response to snake bites
- A framework for the appropriate education and training of children, staff, parents and children on minimising the risk of snake bites.

Policy Statement

1. Values

Helen Paul Kindergarten is committed to:

- Providing a safe and healthy environment for children, staff and volunteers participating in the Bush Kinder program
- Being respectful of wildlife in and around the Bush Kinder space, including an awareness of the presence of snakes in the area in the warmer months
- Facilitating appropriate communication and education to staff, parents and children to minimise the risk of injury of a snake bite during Bush Kinder sessions.

2. Scope

This policy applies to children, parents, staff, committee members, authorised persons, volunteers and students on placement working at Helen Paul Kindergarten.

3. Background and legislation

Helen Paul Kindergarten's Bush Kinder program is not conducted in parkland in which it is known that snakes inhabit.

They are most prevalent in the warmer months (October to April) but could be encountered at other times.

Unprovoked, snakes rarely attack humans and are generally shy, timid animals that will avoid conflict if given the opportunity. It is recommended that particular care be taken in warm weather, near long grass or hollow logs, near water or near rocks in sunny positions.

Snakes are protected under the Wildlife Act 1975, and should not be harmed or killed. Bites can occur if people try to kill snakes.

Relevant legislation may include but is not limited to:

- *Education and Care Services National Regulations 2011*
- *Education and Care Services National Law 2010*
- National Quality Standards, including Quality Area 2 – Children's health and safety and Quality Area 3 – Physical environment

- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Wildlife Act 1975

4. Definitions

Australian Venom Research Unit (AVRU) is an internationally recognised interdisciplinary research unit focused on the problem of venomous injury in Australia and the Asia-Pacific. Located within Melbourne University, the Australian Venom Research Unit aims to provide world-class expertise on the problem of Australia's venomous creatures, their toxins and the care of the envenomed patient.

Pressure Immobilisation Bandage (also known as Compression Bandage): Bandage used for the purpose of applying pressure to the site of a wound such as a snakebite and to the affected limb. Refer definition below of Pressure Immobilisation Bandaging.

Pressure Immobilisation Bandaging: The principle of pressure-immobilisation bandaging as a first aid measure is to prevent the spread of toxins through the body. This is done by applying enough pressure to compress the lymph vessels, and by preventing movement of the affected limb. Correct application of the technique can buy valuable time to get the patient to medical assistance. [Refer to Attachment 1 for correct application of pressure immobilisation technique.

Victorian Poisons Information Centre (VPIC): Located at the Austin Hospital, the role of the VPIC is to provide the people of Victoria with a timely, safe information service in poisonings and suspected poisonings. For members of the public this includes telephone assessment, advice on first aid, with or without referral to a doctor or hospital. Information is given to health professionals about formulations of products and management of poisoned patients.

5. Sources and related centre policies

[Bites & Stings web resource, Victorian Poisons Information Centre, Austin Health](#)
[Australian Venom Research Institute \(University of Melbourne\) first aid](#)

[Bushwalking Victoria Snakebite Walksafe brochure](#)

Kindergarten policies

- Bush Kinder Delivery & Collection of Children Policy (Bush Kinder Specific)
- Bush Kinder Extreme Weather Policy (Bush Kinder Specific)
- Bush Kinder Identification and Visibility Policy (Bush Kinder Specific)
- Bush Kinder Emergency Evacuation Policy (Bush Kinder Specific)
- Bush Kinder Protective Clothing Policy (Bush Kinder Specific)
- Bush Kinder Dog Awareness Policy (Bush Kinder Specific)
- Incident, Injury, Trauma & Illness Policy (including First Aid)
- Supervision of Children Policy
- Excursion & Service Events Policy
- Sun Protection Policy

- Water Safety Policy
- Occupational Health & Safety Policy

Procedures

General

The Committee is responsible for:

- Supplying a First Aid Kit on site at Bush Kinder to administer first aid in response to snake bites or for any other purpose which includes pressure immobilisation bandages (also known as compression bandages) for medical treatment of snake bites.
- Ensuring staff are appropriately educated on procedures to prevent snakebite and to deliver First Aid in response to a Snake Bite (see below).
- Following all procedures as set out in the Incident, Injury, Trauma & Illness Policy (including notice of notifiable incidents, appropriate record keeping in the event of an incident, maintain first aid kit etc)

Staff are responsible for:

- Practicing and educating children on snake bite prevention behaviours while at Bush Kinder, without fostering a fear or paranoia of snakes. This includes practising and highlighting to children the following key points:

Snake Bite Prevention Behaviours (Source: Victorian Poisons Information Centre, Austin Health)

- o Leave snakes alone
- o Wear adequate clothing and stout shoes (not sandals/thongs) in 'snake country'
- o Never put hands in hollow logs or thick grass without prior inspection
- o When stepping over logs, carefully inspect the ground on the other side
- Ensure children are reminded on a regular basis that if they encounter a snake, to stand still, point to the snake, alert the teacher by calling 'snake' then move away quietly.
- In the event that a snake is encountered at Bush Kinder, calmly moving children away from the snake. [Staff must not attempt to touch or harm the snake].
- Administering first aid in the event of a snake bite

First aid for snakebite (Source: Victorian Poisons Information Centre, Austin Health, and Australian Venom Research Institute, Melbourne University)

- o Stay calm and call for help. Have someone phone an ambulance. If unable to phone, send someone for help.
- o Reassure the patient and encourage them to remain calm and still. Do not move the patient.
- o Do not attempt to catch or kill the snake
- o DO NOT WASH the bite. Traces of venom that are left on the skin can be used to identify the snake, and therefore the type of antivenom that should be used if required.

- o Venom is injected deeply so there is no benefit in cutting or sucking the bite. A tourniquet is not an effective way to restrict venom movement.
- o The most effective first aid for snakebite is the pressure-immobilisation technique. (Refer to Attachment 1 for instructions on the application of this technique). The principle is to minimise the movement of the venom around the body until the victim is in a hospital by applying a firm bandage (or suitable alternative) to the bitten area and limb, and to immobilise the victim. When applied properly, this method can trap the venom in the bitten area for many hours. The victim might not suffer any effects of the venom until the compression is released, which is done in hospital where antivenom can be administered if required.
- Staff are to follow procedures as set out in the Incident, Illness, Trauma & Illness Policy, including contacting parent, calling ambulance etc

Parents are responsible for:

- Reading and being familiar with the policy
- Bringing relevant issues to the attention of both staff and committee

Evaluation

In order to assess whether the policy has achieved the values and purposes the committee will:

- Seek feedback regarding this policy and its implementation with parents of children participating in the Bush Kinder program. This can be facilitated through discussions and the annual centre survey.
- Ask staff to share their experiences and observations in relation to the effectiveness of this policy.
- Regularly review the policy and centre practices to ensure they are compliant with any new legislation, research or best practice procedures.

Attachments

Attachment 1: Snake Bite First Aid (Detailed instructions with diagram on application of this technique in the event of a snake bite). *Source: St Johns Ambulance*

Authorisation

Endorsed by the Helen Paul Kindergarten Committee of Management on **2 March, 2020**.

Review Date

This policy will be reviewed every two years and is next due for formal Committee review in **2022**, unless deemed necessary earlier.

ATTACHMENT 1

Snake bite



IN A MEDICAL EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.

DRSABCD Danger ► Response ► Send for help ► Airway ► Breathing ► CPR ► Defibrillation
The DRSABCD Action Plan is the first step when providing first aid. Use this to assess the immediate situation.

WARNING

All known or suspected snake bites must be treated as potentially life-threatening, and medical aid should be sought urgently.

NOTE

Do not wash venom off the skin or clothes because it may assist identification.

SIGNS AND SYMPTOMS

- Signs of a snake bite are not always visible.
- In some cases, the patient may not have felt anything.
- Symptoms may not appear for an hour or more after the person has been bitten.

Depending on the type of snake, signs and symptoms may include some or all of the following:

- immediate or delayed pain at the bite site
- swelling, bruising or local bleeding
- bite marks (usually on a limb) that may vary from obvious puncture wounds to scratches that may be almost invisible
- swollen and tender glands in the groin or armpit of the bitten limb
- faintness, dizziness
- nausea and vomiting
- headache
- abdominal pain
- oozing of blood from the bite site or gums
- double or blurred vision
- drooping eyelids
- difficulty in speaking or swallowing
- limb weakness or paralysis
- difficulty in breathing
- occasionally, initial collapse or confusion followed by partial or complete recovery.

WHAT TO DO — Pressure bandage & immobilise

- 1 Follow DRSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Lie the patient down and ask them to keep still. Reassure the patient.
- 4 If on a limb, apply an elasticised roller bandage (10–15 cm wide) over the bite site as soon as possible.
- 5 Apply a further elasticised roller bandage (10–15 cm wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.
- Use clothing or other material if an elasticised roller bandage is not available.
- Apply the bandage as firmly as possible to the limb. You should be unable to easily slide a finger between the bandage and the skin.
- 6 Immobilise the bandaged limb using splints.
- 7 Keep the patient lying down and completely still (immobilised).
- 8 Write down the time of the bite and when the bandage was applied. If possible, mark the location of the bite site (if known) on the skin with a pen, or photograph the site.
- 9 Stay with the patient until medical aid arrives.



YOU COULD SAVE A LIFE WITH FIRST AID TRAINING WWW.STJOHN.ORG.AU • 1300 360 455

© St John Ambulance Australia Inc. 2016. St John first aid protocols are for the Australian market only. All care has been taken in preparing the information but St John takes no responsibility for its use by other parties or individuals. This information is not a substitute for first aid training. St John recommends attending first aid training courses. Not for commercial distribution.